TA Zoning District (ETJ)			
HICKMAN DEPART #		P.O. Box 127 Hickman, NE 68372-0127 Phone 402.792.2212 Fax 402.792.2210 www.hickman.ne.gov	
TERIVIT #	umber is issued and paid for. Do not b	egin construction until then.	
Property Owner(s)	Phone # (_)	
Street Address:			
Legal: Block Lot Addition	City, State		
Contractor:	Phone # ()		
Contractor Address:	Total Square Footage	:	
APPLICATION REQUIREMENT ITEM			
	pies) 🔲 Site Plan (2 copies)	Permit Fee Payment Permit (if needed)	
 North arrow Address Property lines and easements Measured distances of proposed building to the rear property line, side property line, the house, and any other structures in the back yard. Location of any existing or proposed changes in grade to level a sloping yard for building placement. Design: Total square footage of building Description of windows, doors, and exits Description of framing, trusses, bolts and ventilation Description of foundation and footings 	OFFICE USE ONLY Permit Fee Plan Review Foundation Framing Rough-In Final Building Electrical Temporary Electrical Rough-In Electrical Final	\$\$50.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00	
 Zoning Regulations (for TA Zoning District): check with the City Office is you are unsure of your zone. Height of accessory building in the TA District not more than 25 feet 10 feet apart from any other accessory structure and principal structure 10 feet from rear property line 70 feet from front property line. Single accessory structure maximum lot coverage 5% of total lot ft² Combined lot coverage of all buildings, including principal structure, does not exceed 15% of total lot square footage 	HVAC Groundwork HVAC Rough-In HVAC Final Plumbing Groundwork Plumbing Rough-In Plumbing Final Fee & Inspection Total Check #	\$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00	
THE UNDERSIGNED HERBY CERTIFIES that they have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.			
Applicant Signature Date			
Plan Approved by Date Perr	mit Approved by	Date	

P:\Building Permits & Occupancy Permit (OC)\PERMIT FORMS - USE THESE\2017 New Fees Permit Forms 3.2.2017\Detached Accessory Buildings TA Zoning District greater than 120 sq ft.docx

Distances required on Site Plan

Distance minimums are dependant on the zoning. Additional neighborhood covenants and easements are the responsibility of the builder or homeowner.





NEBRAST
HICKMAN
The SEPTEMBER 19
ELECT

115 Locust Street, P.O. Box 127, Hickman, NE 68372-0127 Phone 402.792.2212 - Fax 402.792.2210 www.hickman.ne.gov

ELECTRICAL PERMIT #_____

Date of Permit Application:		
Job Address:		
Description of work to be done:		
Cost Valuation of Job: \$	(only if separate from a new bu	ilding permit)
Property Owner's Name:		
Electrical Company Name:		
Electrical Company Address:		
Contact Person:	Phone #:	
Electrician's Name:	(if different from Co	ontact Person)
2017 N The Electrician making the installat	trical Installation shall meet or excee ational Electrical Code. ion must have a copy of a Master Electrical Lice tached or on file with the City of Hickman.	
Applicant (Printed Name)	Signature	Date
City Official (Printed Name)	Signature	Date
Office Use Only If separate from Building Permit Appli	cation then:	
	Inspection Fee(s) # x \$40.00 = \$	
	Permit Fee \$50.00 if valuation < \$9,000.00 = \$	
OR If valuation > \$9,000.00 the Perr	mit Fee \$50.00 + \$1.035 per \$1,000.00 valuation = \$	
	Total = \$	<u></u>
	Receipt #	

Contact Ray Paulson 402.416.8899 for Electrical Inspections



115 Locust Street, P.O. Box 127, Hickman, NE 68372-0127 Phone 402.792.2212 - Fax 402.792.2210 www.hickman.ne.gov

PLUMBING PERMIT #_____

Date of Permit Application:		
Job Address:		
Description of work to be done:		
Cost Valuation of Job: \$	(only if separate from a new build	ing permit)
Property Owner's Name:		
Plumbing Company Name:		
Plumbing Company Address:		
Contact Person:		
Phone #: ()	E-mail:	
Applicant (Printed Name)	Signature	Date
City Official (Printed Name)	Signature	Date
Office Use Only If separate from Building Permit A	pplication than:	
	Inspection Fee(s) # x \$40.00 = \$	
	Permit Fee \$50.00 if valuation < \$9,000.00 = \$	
OR If valuation > \$9,000.00 the Permit	t Fee \$50.00 + \$1.035 per \$1,000.00 valuation = \$	
	Total = \$	
	Receipt #	

Contact Jeff Kreifels at 402.613.0275 for Plumbing Inspections



115 Locust Street, P.O. Box 127, Hickman, NE 68372-0127 Phone 402.792.2212 - Fax 402.792.2210 www.hickman.ne.gov

MECHANICAL (HVAC) PERMIT #_____

Date of Permit Application:		
Job Address:		
Description of work to be done:_		
Cost Valuation of Job: \$	(only if separate from a new bu	uilding permit)
Property Owner's Name:		
HVAC Company Name:		
HVAC Company Address:		
Contact Person:		·
	E-mail:	
Applicant (Printed Name)	Signature	Date
City Official (Printed Name)	Signature	Date
<i>Office Use Only</i> If separate from Building Permit	Application than:	
	Inspection Fee(s) # x \$40.00 = \$	
	Permit Fee \$50.00 if valuation < \$9,000.00 = \$_	
OR If valuation > \$9,000.00 the Peri	mit Fee \$50.00 + \$1.035 per \$1,000.00 valuation = \$	
	Total = \$	
	Receipt #	

Contact Mark Howard 402.304.9135 for HVAC Inspections



115 Locust Street, P.O. Box 127 Hickman, NE 68372-0127 Phone 402.792.2212 - Fax 402.792.2210 www.hickman.ne.gov

BUILDING PERMIT INSPECTION INFORMATION

Name	Туре	Phone Numb	er
Dale Stertz	Building Inspector	402.440.5963	3 – leave a msg
Plan Review Fee	\$50.00		
Footing	\$40.00		
Frame Rough-In	\$40.00		
Building Final	\$40.00		
Jeff Kreifels	Plumbing Inspector	402.613.0275	-
Plumbing Groundwork	• .	rnate Inspector Mark Morris 4	
Plumbing Rough-In	\$40.00 (Alter		02.475.2555)
Plumbing Final	\$40.00	Fuel Gas Piping Rough-In	\$40.00
Outdoor Fire Pit Gas Piping	\$40.00	Fuel Gas Piping Final	\$40.00
Outdoor File Fit Gas Fipling	\$40.00	ruel das ripling rillai	\$40.00
Mark Howard	HVAC Inspector	402.304.9135	5
HVAC Rough-In	\$40.00 (Alter	nate Inspector Dave Hochstet	ler 402.418.1136)
HVAC Final	\$40.00		
HVAC Fireplace	\$40.00		
Dev Devleen		402 446 8800	
Ray Paulson	Electrical Inspector	402.416.8899	7
Temporary Electric Electrical Service	\$40.00		
	\$40.00		
Electric Rough-in	\$40.00		
Electric Final	\$40.00		
Trent Georgiana	Public Works Inspec	tor 402.580.3473	3
Water Main/Sewer Line Tap	•		
Curb Cut	\$35.00		
Sidewalk	\$45.00		

Building permit and inspection card will be issued after approval and payment received. **The building permit and inspection card are to be posted at the building site.** For new construction it is suggested that the permit pouch including inspection card be hung by the furnace.

IT IS THE RESPONSIBILITY OF THE CONTRACTOR / BUILDER TO SCHEDULE INSPECTIONS DIRECTLY WITH INSPECTORS ABOVE.

When the construction project is finished and **all** inspections have been successfully completed and signed for, the inspection card must be returned to the City Office.

A Certificate of Occupancy will be issued after all inspections have passed and the inspection card is returned to the office. The Certificate of Occupancy must be issued before the residence is occupied and before the Pre-Construction deposit can be refunded.